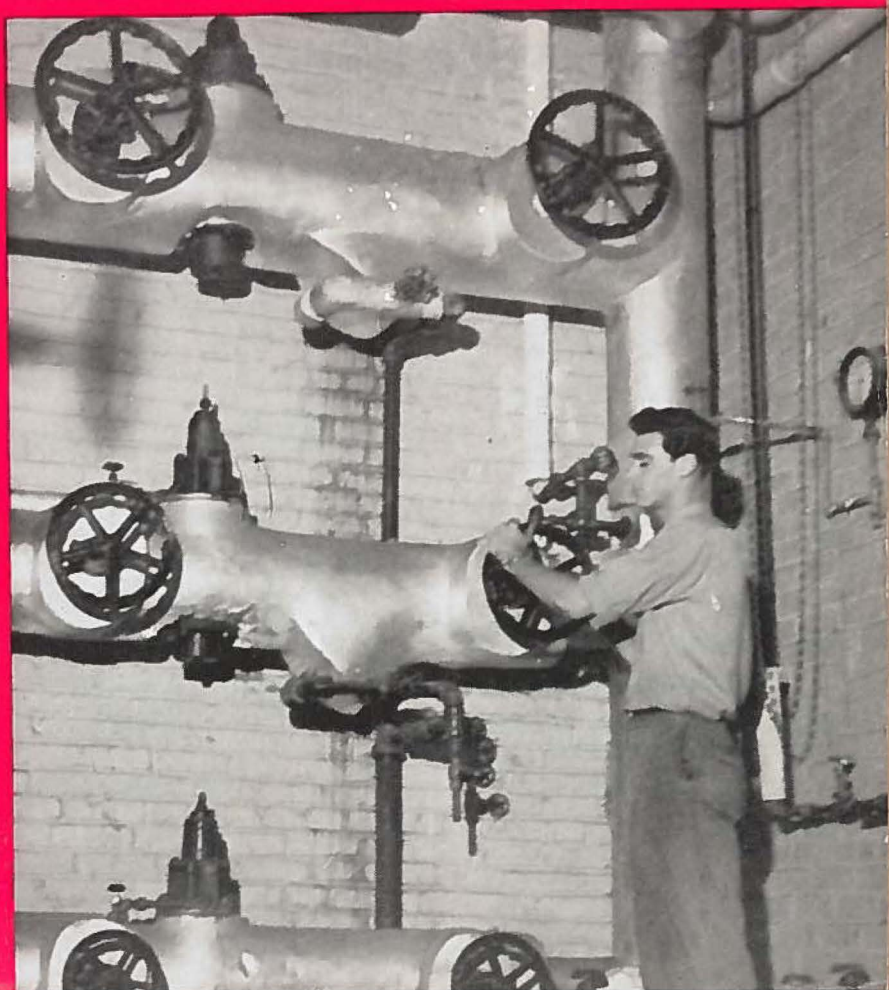
THE

# COURIER

JUNE 1953

OF THE GEORGE WASHINGTON
UNIVERSITY MEDICAL CENTER



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THE COURIER
OF THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER

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CONTENTS



COVER—Fireman Henry Bowen regulates one of the series of valves used to reduce steam pressure from 115 pounds pressure as it comes from boiler, to lesser pressures for use in different types of equipment in The George Washington University Hospital. The laundry requires 110 to 115 pounds pressure, whereas the heating system takes only two to three pounds.

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THE COURIER is being published by the Women's Board of the Hospital to tell the story of The George Washington University Medical Center. Persons may assist this purpose as sustaining subscribers at $1.50 for one year and $2.75 for two years. Checks should be made to THE COURIER and mailed to the treasurer of The Women's Board, Mrs. W. D. Terrell, Jr., 5082 Lowell St. N.W., Washington 16, D. C.

# Trained Workers Needed

ONE of the major problems in hospital administration at present is the finding of enough trained hospital workers for the various fields of service.

There is an acute need for all types of therapists, technicians, nurses and dietitians. Training schools have been overwhelmed and unable to keep up with the greatly increased demand for their graduates.

Several causes have brought about this condition of shortage. During the past 10 or 15 years there has been a rapid increase in the number of hospitals, both governmental and private. Many new kinds of hospital service have expanded rapidly, including public health work, industrial health programs, X-ray work, physical medicine and rehabilitation programs.

Likewise, many areas have hired community nurses and county nurses, and there has been more use of nurses and technicians by organizations and agencies working with polio, tuberculosis, heart trouble, cancer and other diseases.

The George Washington University Hospital, in an effort to secure enough qualified workers, has instituted several training programs of its own. In cooperation with the Burdick Vocational High School, it gives instruction in practical nursing. It offers training for medical technologists under the direction of the Director of Laboratories of the Hospital, and it is affiliated with Georgetown Visitation Junior College in training medical secretarial students.

All this is in addition to the Hospital's intern and resident training programs, and to the assistance it gives in training students of the University Medical School.

These training programs not only help to relieve the shortage of trained hospital workers, but they provide excellent opportunities for high school, college and medical students, as well as for others who would like to develop their skills for use in some phase of hospital service.

—DOROTHY BETTS MARVIN.

# In Memoriam

**The following gifts have been made to the Hospital Memorial Fund:**

**In memory of Mrs. Edward E. Gann by Mrs. Gilbert Grosvenor.**

**In memory of Mrs. Alexander Wetmore by Mrs. Gilbert Grosvenor.**

**In memory of Mrs. Severin O. Fladness by Mrs. Robert Gay Trumbull and Mrs. B. E. Dodson.**

**The Hospital Memorial Fund permits honoring a loved one with a living memorial by increasing hospital services to the Washington Community. Gifts should be made to the Women's Board Hospital Fund. They may be sent to the Women's Board c/o THE COURIER, 2018 Eye St., N. W., Washington 6, D. C.**



**FIRST LADY MEETS WOODIE**—Mrs. Dwight Eisenhower chats with six-year-old arthritis victim "Woodie" Shrewsbury, and his toy dog, "Brownie." "Woodie," the son of a coal mining family of Alpoca, W. Va., is being treated at the University Hospital under auspices of the United Mine Workers. The Hospital has been designated by the U.M.W. as one of the few special centers for rehabilitation of miners and their families who are afflicted with arthritis and various rheumatic diseases.

# Pillow Named Winner Of 2 Medical Awards

At the presentation of medical awards during recent commencement activities at the University, graduating Medical School student, David J. Pillow, received two out of three of the prizes. He received the John Ordronaux prize for maintaining the highest scholastic average during his four-year medical course, and the Oscar Benwood Hunter award for the highest average in pathology for four years. Young Dr. Pillow is from Fort Worth, Tex.

Another award went to Gerald A. Oilschlager, of Nekoosa, Wisc. Dr. Oilschlager received the Kane-King Obstetrical Society award for submitting the best thesis in obstetrics and gynecoleogy.

At the graduation exercises, 92 students received M.D. degrees, and eight others were granted Ph.D. degrees in medical sciences.

## Roe Named Member Of Manpower Group

Dr. Joseph H. Roe, professor of biochemistry, has been named one of 16 scientists who will compose the newly organized Scientific Manpower Commission, national group set up by leading scientific societies to assure the country of an adequate supply of scientists.

The Commission will study the need for scientists in education, industry, government service and the armed forces and will seek to adjust the supply and demand of scientific manpower at all times.

## Dean Elected to National Council

Dr. Walter A. Bloedorn, dean of the Medical School, has been elected a member of the Executive Council of the National Board of Medical Examiners for a three year period, 1953-6. The Board is made up of medical leaders throughout the U.S.

# Backstage With the Engineers

*By* MARTIN M. ROUDABUSH
*Chief Engineer, University Hospital*

THE service departments in a modern hospital such as that at The George Washington University play a vital role in supporting the doctor-nurse team in providing care for the sick. The engineering department, although one of the smallest of the service units in number of personnel, is a major cog in the intricate hospital machinery. Without the utilities and services furnished by this department, the hospital's operation would be seriously hampered.

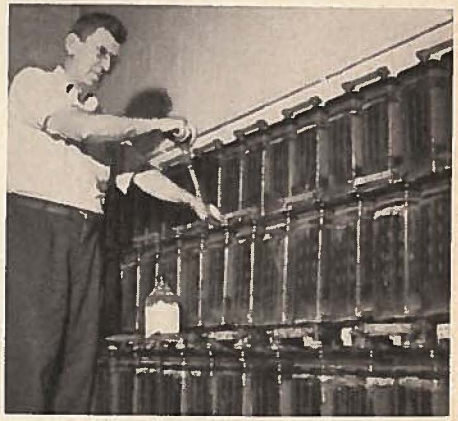
The engineering department is responsible for operation and maintenance of all mechanical and electrical equipment in the building. It also handles maintenance and repair of all piping and wiring.

Few people realize the large amount of equipment necessary to operate a modern hospital. Much of it is never seen by patients, visitors or other employees because it is housed in such out of the way places as the boiler room, machine rooms, switchboard rooms, and rooftop equipment rooms.

In the boiler room, in the sub-basement of the building, there are three large steam boilers and other equipment needed to supply steam for the building. Each boiler generates enough steam to supply the maximum hospital demand. Only one boiler is in service at a time, however, while a second is ready for immediate use in case trouble develops. The third boiler is cleaned and kept dry. By rotating use of the boilers, each is in service a part of the year.

Heat for generating steam in the boilers is supplied by two oil burners in the furnace of each boiler. These burners use heavy fuel oil (No. 6), supplied by pumps and heaters from two 10,000 gallon oil tanks. The hospital uses more than 380,000 gallons of fuel oil each year.

Steam is generated in the boilers at 110 to 115 pounds pressure per square inch. The hospital laundry uses steam at this pressure for its equipment, but for other equipment throughout the building, the steam pressure must be reduced. Most other equipment uses a medium pressure of 40 pounds, while the heating system requires low pressure steam at only two or three pounds. The pressures are controlled by two sets of multiple reducing valves, one set reducing the steam from high to medium pressure and the other from medium to low pressure.



**PRECAUTION—Distilled water is added by Electrician William Krautler to one of the 85 storage batteries kept in reserve to operate the Hospital's emergency lighting system, should city power fail.**

The heating system is divided into six zones to cover the entire building. Each zone is controlled automatically by indoor-outdoor thermostats so that an even temperature is maintained throughout the building.

Water, which is as vital as steam to the hospital's operation, is supplied through two municipal mains. They enter the building from opposite sides and are connected by a six inch tie line. Since each main is large enough to supply the hospital's water needs, only one is in use at a time, the other being available for emergencies. This assures uninterrupted water service in the building.



Normally there is enough pressure on the water, as it enters the hospital, to supply the building. However, in case a drop occurs in this pressure, the water pressure to the upper floors can be maintained by booster pumps and tanks in the hospital basement.

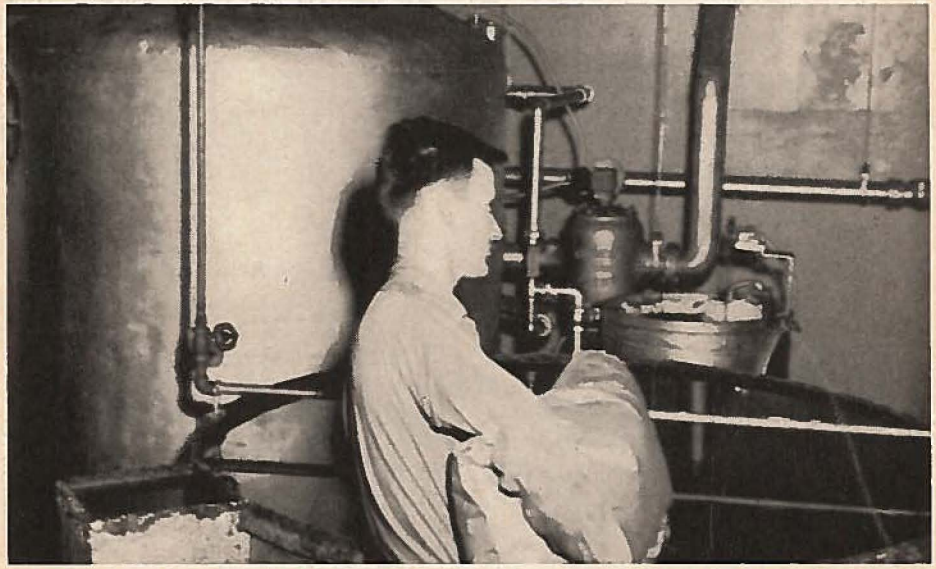
Most of the 350 million gallons of water used by the hospital in a year's time is used in the form in which it enters the building from the city main. The water used in the laundry requires special treatment, however. It must be pumped through two large sodium zeolite water softeners to remove the calcium and magnesium from it. With this softened water, the laundry is able to reduce considerably the amount of soap and other supplies needed to wash the thousands of pieces of hospital linen and clothing. The softened water is heated to 180° F. in two storage hot water heaters before it is piped to the laundry.

Hot water for wash basins, showers, and tubs, is heated in a 2000-gallon hot water heater to 140°F. before being circulated through the building. A smaller heater furnishes 180°F. water for the kitchens and cafeterias.

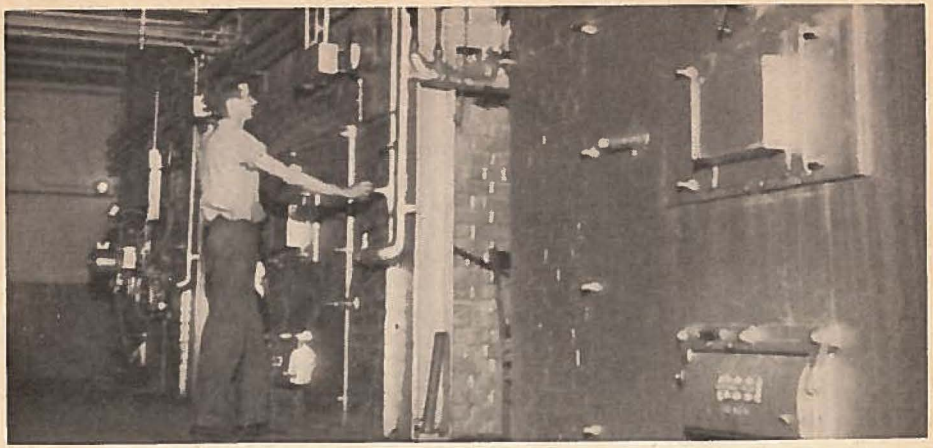
More than two million kilowatt hours of electricity are used by the hospital each year. This electricity is brought into the building from power company transformer vaults located on 23rd street near the hospital's main entrance. The electricity enters the main switchboard room on the ground floor, from where it is distributed to lighting and power panels throughout the building. An emergency lighting panel supplies current for the fire alarm system and provides stairway, corridor and exit lighting for the building. Should a complete failure occur in the power company's wiring or transformers, the hospital has in reserve an emergency battery-powered lighting system capable of furnishing lighting for the operating and delivery rooms. The transfer to battery power would be automatic if the outside current were interrupted. The only noticeable effect in the operating and delivery rooms would be a slight flicker in the lights.

Gas is also used in large quantities, more than 20,000 cubic feet of it being supplied to the kitchens, diet pantries, laboratories, boiler and incinerator rooms each year through two large meters.

Compressed air is also used for many purposes. Two compressors in a basement machine room provide high pressure air for the laundry and boiler rooms.



**SOFTENER—Assistant Chief Engineer William Campbell adds salt to brine solution tank which is part of zeolite softening process for water used in the Hospital laundry.**



**HOT SPOT—Oil pressure is adjusted on one of the three huge oil-fired furnaces in the boiler room of the Hospital by Mechanic Clifton Kesterson.**

Part of the air from these compressors is reduced to 17 pounds pressure for use in laboratories, operating rooms and delivery rooms.

Two small compressors supply air for an electric-eye door in the delivery room area and for numerous pneumatic controls connected with the heating, ventilating, and air conditioning systems. Air for these controls is piped at 15 pounds pressure through thousands of feet of small copper tubing. This compressed air is used to operate dampers, valves, and switches which control the heating and air conditioning systems automatically.

The engineers are also responsible for operation and maintenance of the hospital's air conditioning and refrigeration facilities.

At present there is only one major air conditioning system in the building. This provides year around controlled temperature and humidity for the main operating rooms, delivery rooms, labor rooms and premature nursery areas. The system is controlled automatically so that people working in the air conditioned areas have the same weather conditions in winter as in summer. Fresh air, which is filtered, cleaned, washed, and heated or cooled to the proper temperature and humidity, is pumped to these areas by fans and duct systems. Stale air is exhausted by other fans and ducts as the fresh air enters.

Two smaller air conditioning systems are used to control temperature and humidity in one of the laboratories, in the physical therapy gymnasium, and in several rooms occupied by patients.

Three drinking water systems are required to supply the numerous drinking fountains and water coolers in the building. The water for these systems is cooled mechanically and circulated by pumps.

The large demand for ice is taken care of by a flake ice machine capable of manufacturing four to five tons of flake ice every 24 hours.

The main kitchen of the dietary department has six refrigerated rooms, each operated at the temperature best suited for the type of food stored. These temperatures range from 45° for vegetable storage to 10° below zero for the deep freezer. There are also more than 75 smaller refrigerators, deep freezers and room air conditioners in the hospital requiring servicing.

The only major mechanical equipment in the building not maintained by the engineering staff are the elevators and dumbwaiters. They are serviced by an outside firm.

To give some idea of the extensiveness of the equipment maintained by the engineers, there are more than 70 ventilating fans and blowers, over 35 electrically driven pumps, and more than 350 electric motors. There are also several hundred water faucets and thousands of lights which necessitate a constant replacement program of faucet washers and light bulbs.

Besides these items, each department has specialized equipment requiring servicing and maintenance. The nursing department has autoclaves, boiling sterilizers, sterile water tanks, vacuum pumps, asperators, instrument washers, wheel chairs and stretchers. The laboratories have centrifuges, pipette shakers, electric ovens, and other equipment. In the dietary department there are dish washing machines, slicers, mixers, grinders, steam ovens, steam kettles, coffee urns and toasters. The laundry contains washers, extracters, presses, flat work ironers, and drying tumblers.

To provide continuous operational and maintenance service for the hospital, the engineering department operates on a 24 hour basis, just as do other emergency departments. There are 14 men on the engineering staff, including a chief engineer, assistant chief engineer, four watch engineers, four firemen, three mechanics and one electrician.

New maintenance and servicing problems constantly arise as new equipment is added, and problems tend to multiply as equipment remains in use over a period of time. However, the members of the engineering staff try to meet and solve each problem as it arises, thereby contributing their share to the smooth operation of the hospital.

## Women's Board Gives $1524 For Hospital Equipment

The Women's Board of the University Hospital has donated $1524 to the Hospital for purchase of special equipment to be used in caring for patients. The equipment will include an electrocardiograph for aiding in diagnosing heart diseases, twelve bed jackets to facilitate the raising and lowering of head and foot sections of patients' beds, and three utility carts.

The funds for this gift were earned by the Board in its operation of the Hospital Gift Shop.

# Eight Faculty Members Honored by University

Eight members of The George Washington University faculty were honored recently for 25 years of teaching service to the University.

Six of those honored were members of the medical faculty. They were: Dr. Walter A. Bloedorn, dean of the School of Medicine; Dr. Harry Ford Anderson, professor of dermatology and syphilology; Dr. Lawrence L. Cockerille, assistant clinical professor of obstetrics and gynecology; Dr. Daniel B. Moffett, professor of otolaryngology; Dr. Maurice Protas, associate in medicine; and Dr. Herbert P. Ramsey, clinical professor of obstetrics and gynecology.

Others honored were Miss Myrna Pauline Sedgwick, administrative secretary of the University; and Donald C. Kline, professor of art.

At a luncheon honoring the eight persons, Dr. Cloyd H. Marvin, president of the University, was principal speaker. Each honoree was given a scroll by Dr. Elmer L. Kayser, president of the Alumni Association.

## Former GW Professor Given Heart Award

Dr. Thomas S. Lee, one of the earliest heart specialists in the U.S. and former professor at The George Washington University, has been presented a medal and High Citation Certificate by the American Legion for his work in founding and helping to develop the Washington Heart Association.

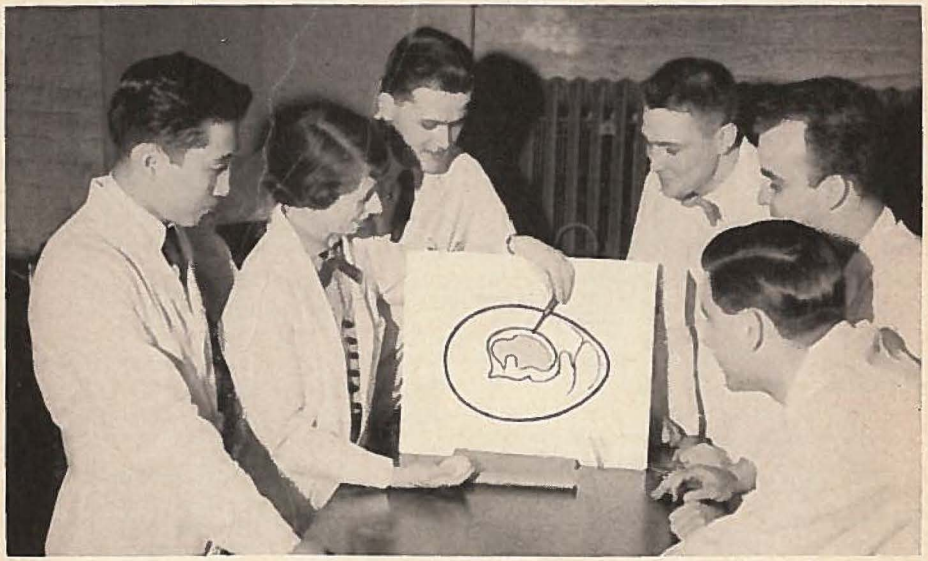
He is credited with founding the Association in 1927. At the same time he was on the University faculty, being clinical professor of medicine from 1920 to 1932.

Dr. Lee graduated from Harvard University in 1891 and from the College of Physicians and Surgeons of Columbia University in 1894. He is now emeritus professor of cardiology at Georgetown University and is chief of the cardiac clinic at Providence Hospital.

# That Bug Called Virus

*By* MARY LOUISE ROBBINS, PH.D.

*Associate Professor of Bacteriology, School of Medicine*



**CLASSROOM—Watching Dr. Robbins explain how to inject viruses into an unhatched egg for research purposes are bacteriology graduate students Joseph Nozaki, Vernon Fuller, Andrew Vargosko, Richard Schmitt, Donald Datlow.**

THE word *virus* has become a part of our everyday vocabulary so recently that it would almost seem a new kind of biological being has been discovered in the past few years. Viruses were first recognized over fifty years ago, however, when the study of bacteria was in its infancy. Our knowledge of bacteria grew by leaps and bounds about the turn of the century, but little was known about viruses until recent years.

Why has it taken so much longer for viruses to become well known?

One reason is their size. There is little guesswork about dealing with bacteria. They can be stained easily and under the microscope the bacteriologist can see them easily. Viruses are not so easily studied. A few are about one-half the size of bacteria, but most of them are only 1/100 to 1/10 that size. The smaller viruses can be seen only with the electron microscope, an instrument developed less than 20 years ago. Larger viruses can barely be seen with the type of microscope used for bacteria, and even then only if special stains are used.

Probably the major reason for the lag in understanding viruses is found in their "eating" habits. Viruses do not grow like bacteria, in test tubes on laboratory-prepared foods. They require living tissue, and so long as the only way to furnish them with living tissue meals was to put them inside expensive living animals, progress in studying viruses was necessarily slow. It was many years before other methods were known. Now there are two much cheaper and in many ways better methods to grow viruses.

One method is to inject viruses into fertile eggs which have been incubated for a week or two. The tissues of the fast-growing chick embryos furnish ideal conditions for many viruses. And chick embryos inside the eggs don't have to be fed, watered, and cleaned!

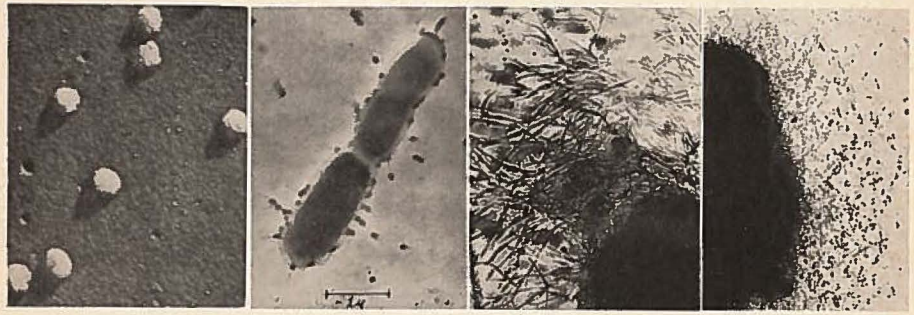
A second method is by tissue culture. Under proper conditions, and with the right kind of nourishment, tissues which are removed from animals and cut into minute pieces can be kept alive in test tubes for long periods of time. (This is also a popular technic for growing cancer cells.) Viruses grow well in such tissue cultures. The method is slow and difficult to learn, but it has many advantages economically. One test tube containing half a dozen small bits of tissue will yield as much scientific information as a whole animal or a whole egg by other methods. This is vitally important when it is necessary to make hundreds of tests.

Virus cultivation is not as easy as it sounds, however. A tissue, an egg membrane, or an animal that is good for growing one kind of virus may be completely spurned by another. Thus part of the research with any virus involves finding the best conditions for its growth.

There are many kinds of viruses and, like bacteria, each causes a certain disease. Influenza is caused by one virus, the "common cold" by another, and poliomyelitis by still a different one. We often suspect a new disease of being a virus disease, but we can't be sure until a virologist has succeeded in isolating the virus and growing it in some sort of living tissue. The term virus, or virus disease, has even become a catchall for many unknown ailments which probably have no relationship to a true virus disease. Thus another part of virus research is proving that a particular disease may be caused by viruses. Often the disease, instead of being a new one, proves to be an old one whose cause had never before been determined.

Besides viruses which cause diseases in humans or animals, there are virus diseases among plants, and even bacteria have virus infections. With bacterial viruses, the bacteria themselves are the living tissues necessary for growth of the viruses. Because of its simplicity, this bacteria-virus relationship is often used for studying the fundamental characteristics of viruses.

The methods used for growing viruses are so complicated that they are not taught in regular bacteriology courses. However, a special course has been set up at George Washington University in the Department of Bacteriology to aid graduate students in learning and applying virus technics. The one semester course, which was instituted in 1950, is one of the few such courses in the entire country. Medical students, during their second year course in medical microbiology, are shown an elaborate demonstration that gives them a first-hand picture of virus technics, and thereby a better understanding of virus diseases and the problems confronting the virologist



**IN FOCUS—Viruses are many times smaller than bacteria and can be seen best under electron microscope. Fig. 1 shows influenza virus enlarged 40,000 times. Fig. 2 illustrates size of virus showing tiny viruses attached to one bacterium.**

**POLIO—Fig. 3 shows normal piece of tissue with young growing cells. Fig. 4 shows how these cells have been destroyed by polio virus.**

who is helping the physician in his fight against disease.

Besides such classroom instruction at the Medical School, an extensive virus research program is carried on. It includes studies dealing with the viruses which cause fever blisters (herpes), influenza, and poliomyelitis, as well as one project with the typhus fever rickettsia which is like a virus in many ways.

To the millions of people who get fever blisters when they have colds or when they are exposed to the sun too long on a hot summer day, the herpes simplex virus is an all too familiar nuisance. These same people, when they were babies or very small children, had infections of their gums and mouths, or perhaps a generalized infection of the skin. These infections were contracted from adults or older children who had fever blisters.

In collaboration with the staff of the Children's Hospital in Boston, the author of this article developed a method to test serum for the presence of antibodies against the herpes virus. The test consists of growing herpes virus in incubated eggs, and then removing the egg fluid, to obtain a good supply of the virus. The fluid is then mixed with a person's blood serum in a "complement fixation" test, similar to the Wasserman test for syphilis. A positive test proves that herpes antibodies are present in the serum, thus indicating that the person had the disease at some earlier time and may still have it. The test is used to learn more about the herpes virus itself, as well as to test a patient's serum.

**LABORATORY—An ordinary farm incubator is one of the chief pieces of equipment in laboratory where Dr. Robbins studies effects of viruses on embryo chicks. Graduate student Schmitt offers assistance.**

It is important in studying a virus to know whether or not all strains of that virus are identical, and to know if there might be distant cousins among what otherwise seem to be quite different viruses. The complement fixation test helps to answer these questions. Miss Gertrude M. Sheva, a Ph.D. candidate under the author's direction, is using this test to study the relationships among various strains of herpes virus. This work is being carried out under a contract with the U.S. Office of Naval Research.

## Drug Studies

For several years a program to study the effects of drugs on viruses has been conducted under the direction of the author and Dr. Paul K. Smith, professor of pharmacology. In this program, hundreds of drugs have been tested for their effects on viruses. Such tests are made by injecting the drug and the virus into tissue cultures or chick embryos. Besides the remote possibility of finding drugs to combat virus infections, these studies contribute to fundamental biological research. When a drug is found which prevents the growth of a virus, the drug is injected a second time along with the virus, but this time substances such as amino acids or vitamins are included in the tests to see if they will overcome the effect of the drug. Since amino acids and vitamins are important components of all cells, it is valuable to know which substances overcome the action of the drug. This aids in understanding how the drug prevents the growth of a particular virus, and it adds to our knowledge of the relationship between the virus and its host cells. Studies along this line have been made with typhus, with one of the bacterial viruses, and with the influenza virus. These studies were financed by the Office of Naval Research.



Typhus fever, like Rocky Mountain spotted fever, is caused by a rickettsia, an organism similar to a virus in its need for living tissue, but much more like bacteria in size, shape, and chemical structure. To carry out the typhus study, fertile eggs were injected with the rickettsiae and with drugs. Since typhus germs kill the embryo within a few days, each drug's effectiveness is determined by whether it prevents the death of the embryo, or at least prolongs its life for several days. About 20 effective drugs were discovered by this method. Our study was discontinued, however, because of the discovery elsewhere that aureomycin and chloromycetin would cure rickettsial infections.

Influenza virus also grows easily in fertile eggs. It does not kill the embryo, however, and a special test-tube test is necessary to show the presence of the virus. If fluid is removed from an influenza-infected egg and mixed with red blood cells, the cells clump in a characteristic pattern. If a drug has prevented the growth of the influenza virus in the egg, the blood cells will not clump when they are mixed with the egg fluid. A recent graduate, Dr. Kenneth K. Takemoto, tested scores of drugs by this method and found 12 compounds which were effective against influenza virus. By adding vitamins or amino acids to these mixtures he was able to learn something about the way the drug acted on the virus, as well as the food requirements of the virus.

## Polio Research

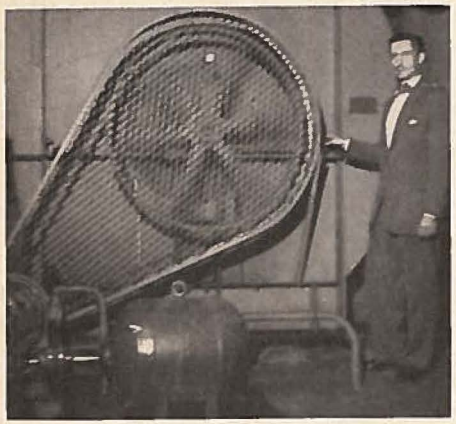
Along with the tremendous strides made in poliomyelitis research within the past year or two, our drug research with the polio virus has also progressed rapidly. Under the direction of Dr. Smith and the author, two Ph.D. candidates, Patricia Elly and Charlotte Hess, have studied the effects of various drugs on this virus when it is grown in cultures of monkey tissues. In uninfected tissue cultures, the growth of the cells can be seen under the microscope. When polio virus is added to the growing cells, not only does the growth stop, but the cells are destroyed. If a drug is added at the same time as the virus, and if there is little or no destruction of the cells, the drug can be credited with preventing the polio virus from multiplying. This project is a vital part of the drug research program of the National Foundation for Infantile Paralysis.

**POLIO STUDY — Ph.D. students Patricia Elly and Charlotte Hess place test tubes containing pieces of polio-infected tissue in roller drum for observation of spread of polio viruses.**

In addition to the virus projects carried out in conjunction with the Department of Bacteriology, the Department of Pharmacology is making a study of a bacterial virus of the colon bacillus, *Escherichia coli.* Dr. Harriet Maling, assistant research professor of pharamacology, aided by her assistant, Robert Richards, is growing the virus-infected bacteria in the presence of radioactive carbon compounds as a different approach to the problem of virus multiplication.

The development and improvement in methods of growing and studying viruses have made it possible for a small group of investigators, within a short period of time, to study fundamental characteristics of viruses, the relationships between viruses and their antibodies, and the effect of drugs on a number of viruses. As with most research in modern medical schools, the projects provide material for experimental work so essential for the training of graduate students. Basic research problems of this sort contribute much to the advance of medical research in learning to cope with diseases which are of major importance in today's world.

# About Our Authors . . .



INSPECTION — Chief Engineer Roudabush checks exhaust fan which is part of air conditioning equipment used to regulate temperature and humidity in operating rooms.

## Martin M. Roudabush

Whether it's a leaky faucet, the installation of a new piece of electrical equipment, or a more complicated problem involving air conditioning or heating at The George Washington University Hospital, the man who gets the call is Chief Engineer Martin M. Roudabush.

Engineer Roudabush, who holds licenses as a steam engineer, a marine engineer and a master electrician, has been in charge of the Hospital's engineering department since 1950. Prior to that he held positions with the Pioneer Laundry Corporation, Auth-Loffler Inc., Swift & Co., and The Hecht Co.

During World War II he sailed the Atlantic and Mediterranean for two years as a U.S. Maritime Service engineer in the Merchant Marine. When the war ended he held the rank of Lt. (j.g.) in the Maritime Service.

Born in Bedford County, Pa., Mr. Roudabush moved to Washington where he graduated from Central High School in 1935. Following that he studied electrical engineering for two years at the Columbia Technical Institute. He studied stationary engineering in 1939 and 1940 at the Abbot School (now called Alexander Graham Bell Vocational School), and later he taught a night course in engineering there.

While with the Maritime Service, he took a short course in advanced Marine Engineering at Johns Hopkins University. Feeling that his education needs even more breadth, Mr. Roudabush is now taking evening courses at The George Washington University.

Aside from his work and studies, the Chief Engineer is a member of the Masons, the National Association of Power Engineers, and is president of the D. C. chapter of the Universal Craftsmen Council of Engineers. He also finds time to serve as a steward in the Arlington Forest Methodist Church near his home in Arlington, Va., and he is a member of the church's building committee.

Mr. Roudabush is married to the former Bettie Millett of Washington. They have two daughters, Nancy and Martina.

## Dr. Mary Louise Robbins

Many people talk about virus diseases but few people do anything about them.

A notable exception to this paraphrase on an old proverb is Dr. Mary Louise Robbins, one of the most active workers in the field of virus research. For several years she has worked on research projects related to the study of viruses and virus diseases. Through her studies she has added much to scientific knowledge regarding influenza, poliomyelitis, fever blisters, and the value of various tests and drugs in isolating and treating such diseases.

Dr. Robbins joined the teaching staff of The George Washington University in 1944 after completing two degrees there. The degrees, M.A. and Ph.D., were both in bacteriology. She is now associate professor of bacteriology at the University's Medical School.



Born in St. Paul, Minn., she came to Washington at an early age. In Washington she graduated from Eastern High School and then studied at American University, where she received a B.A. degree in biology.

As a specialist in infectious diseases, Dr. Robbins has written numerous articles for medical and scientific journals. She is also a member of several scientific societies, including the Society of American Bacteriologists, American Association of Immunologists, Sigma Delta Epsilon (graduate women's scientific fraternity), Society for Experimental Biology and Medicine, and Sigma Xi (honorary scientific society). She has been secretary of the George Washington University chapter of Sigma Xi for two years.

Aside from her scientific teaching and research, Dr. Robbins finds time to belong to civic and cultural groups such as the Bethesda Suburban Hospital Association and the American Association of University Women.

Her favorite leisure time activity is sailing her small boat, the "Arachne," along the Potomac River near Cobb Island, where she spends her vacations in a cottage called the "Cobb Web."

She lives with her parents, Mr. and Mrs. Orison Robbins, in Chevy Chase, Md.

## Lederle, Pfizer, Give $21,271 To Promote Cancer Studies

Two grants, totalling $21,271, have been awarded the University for research into the effects of antibiotic drugs on cancer. The grants, made by two drug companies, the Lederle Laboratories division of the American Cyanamid company, Pearl River, N. Y., and the Charles Pfizer company, Brooklyn, N. Y. were for $12,000 and $9,271.

Under the direction of Dr. Jeanne C. Bateman, clinical instructor in medicine, and consultant in hematology at the University Cancer Clinic, the funds will be use for studying the effects on cancer of aureomycin, terramycin and penicillin, when they are used in conjunction with mustard drugs and X-ray treatments.

## Hospital Has Visitors From Three Countries

Guests at the University Hospital during recent months have included officials from Israel, Iran and China (Formosa).

Dr. Joseph Burg, minister of health in the Republic of Israel, was particularly impressed with the rooming-in setup in maternity and the Hospital's central supply.

The guests from China were Dr. Hwai-Sze Fang, professor of physiology at the National Taiwan University in Formosa; and Brig. Gen. Wen-Tah Yang, commanding general of the First General Hospital of the Chinese Armed Forces in Formosa.

Another guest was Mohammed Daftari, director of the inspection department of the ministry of health in Iran. These visitors came to the U. S. under the auspices of the State Department.

# Spain's Medical Program

By Dr. Felix de Pinies

*Dr. De Pinies is a native of Spain, and a resident on the staff of the New York Eye and Ear Infirmary, New York City. This article was secured through the courtesy of Jose F. deLequerica, Spanish ambassador, and Mrs. Morris Cafritz, member of the Hospital Women's Board. Assistance in translating the article was provided by Mrs. Herbert Griffith, Jr.*

TO understand the place of organized medicine in Spain, it is necessary to review the country's medical training program.

Primary education for the Spanish child begins at the age of five and continues until he is ten, when he takes an examination for entrance to the Bachillerato, the secondary school. After seven years at the Bachillerato, he takes an examination for university entrance.

The Spanish University is divided into faculties, or schools, for the different professional courses. Within each faculty, there are also divisions. The faculty of medicine is divided into the licentiate and doctorate programs.

In the licentiate program there are seven courses of study. The first three consist of preclinical subjects such as physics, chemistry, anatomy, physiology, histology, microbiology, pathological anatomy, and pharmacology, while the next three are devoted to medical and surgical pathologies and other specialties, along with hygiene, health and legal medicine. The final course is a rotating internship in the clinics of medicine, surgery, obstetrics, and pediatrics, along with a three-hour a week course in medical history.

When one completes the internship he acquires the title of licentiate, with the right to practice medicine if he pays the fees of the title and of the college, since the title gives him the rank of graduate of the university.

The doctorate is an optional degree. To qualify for it, one must take a comprehensive national examination and then take courses in three of the following subjects: mathematics for biologists, anthropology, medical hydrology, colonial medicine, and experimental and rational psychology. The candidate must also present an original thesis for approval by a special qualifying board.

Hospitals in Spain are under control of the state, province or municipality, or they are privately owned and operated. Among the first group are university hospitals including both those connected with and dependent on the schools of medicine, and those dependent on the National Health Insurance program. Most of the hospitals dependent on the state, province or municipality are maintained by the welfare departments of these three bodies. Patients at such hospitals are usually treated free of charge. Exceptions are found in such places as the Provincial Hospital of Madrid, where some semi-private patients pay room charges but are given free medical service.

In the Madrid hospital the medical staff consists of a chief of staff, one or two clinical chiefs, two or more medical interns and two interns who are medical students. All staff positions are obtained through competition, and, except for the job of chief of staff, they are held for a specific number of years, varying from three to eight. Besides full-time staff there are assigned to the hospital several attending physicians who are doctors of prestige. They serve as consultants and assist in the hospital's clinics. Most provincial and municipal hospitals are organized on this plan, usually being general hospitals, offering medical, surgical and specialized services.

University hospitals connected with schools of medicine usually have very close affiliation with such schools. The chiefs of staff in such hospitals hold professorships, and members of the medical staffs belong to the school staffs.



Such university hospitals give much free assistance to patients just as do the government controlled institutions.

Hospitals related to the Municipal Medical Service consist of centers of third, second, and first order, according to their special purpose. The centers of third order are called houses of mercy. Their number is proportionate to the number of people in each city. All are emergency centers providing both in-patient and out-patient service.

Centers of the second order are called surgical centers, as only surgical cases are admitted. They have a very limited number of beds. Centers of the first order are general hospitals, similar in organization and purpose to those operated by the province or state.

The private patient in Spain also has at his disposal private surgical centers called sanatorios, where any doctor may take his patient for operations. These centers do not have full-time medical staffs, only keeping on duty sufficient physicians to care for emergencies and treatments requiring professional assistance in the absence of the private doctor. Medical cases are sometimes treated in the sanatorias, particularly if such cases involve examinations difficult to perform in the home of the patient. Whenever possible, home treatment is preferred.

National Compulsory Health Insurance has existed in Spain since 1943. It is under control of the National Institute of Provision. Under this plan, each Spaniard who is employed, and whose annual income is less than 18,000 pesetas (about $1100), is compelled to participate. His premiums depend on his annual income, part of the premium being paid by the employee and part by his employer. The worker is protected by this insurance from all illnesses. Treatment is provided for himself, his family, and any others who live with him and are dependent upon him.

Prescriptions may be obtained in any pharmacy upon presentation of one's Insurance identification card. The health program also maintains its own hospitals, the number of which is small but which is being steadily increased. The national program rents sanatorios for treatment of surgical patients.

There are some private health insurance agencies in Spain, although most of them have been taken over by the national insurance program. The few private agencies which remain intact are well-staffed and have grown to some extent in recent years.

Aside from the insurance program, other problems of national health and hygiene are handled by the staff of doctors belonging to the General Board of Health. They are in charge of the National Anti-Tuberculosis Foundation, the study and treatment of leprosy, silicosis, and other diseases.

The limits of this article only allow the mention of several of the research centers whose meritorious work has become known beyond the borders of Spain and given prestige to the nation's medicine. Heading these is the Higher Council of Scientific Research, devoted to research in all fields of science, and consisting of various institutes, some doing primarily medical research.

There is also the Institute Santiago Ramon y Cajal, dedicated to research in histology, physiology and pathological anatomy; the Institute of Medical Research, supported and governed by the College of Medical Pathology of Madrid, and having on its staff Dr. Carlos Gimenez Diaz, one of the greatest figures in Spanish medicine. The Institute of Medical Pathology is headed by Dr. Gregorio Maranon, one of the leading Europeans in

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# Answers You Should Know

## Polio

**1. What are the most common signs of poliomyelitis?**

Fever, headache, vomiting, stiffness of the neck and back, and pain in the legs are symptoms of poliomyelitis. Should these occur, you should go to bed and call a physician. Don't get excited. Remember that death from poliomyelitis is rare, and the incidence of severe paralysis is low.

**2. Has the cause of poliomyelitis been discovered?**

Yes, it is caused by a virus which invades the spinal cord and attacks the cells which supply nerve fibers to muscles. Three different strains of poliomyelitis virus have been isolated. The exact manner in which the disease is spread is not known.

**3. Why does poliomyelitis occur only in the summer months?**

Although most cases occur in the summer months, poliomyelitis is seen throughout the year. The reason for this seasonal incidence is not known.

**4. Is this disease always accompanied by paralysis?**

No. Only about 35 per cent of the people who have poliomyelitis develop muscle weakness or paralysis. Of these, only 10 per cent are paralyzed severely enough to require prolonged hospitalization and rehabilitation.

**5. What is gamma globulin and what is its role in the prevention and treatment of poliomyelitis?**

Gamma globulin is derived from human blood. When pooled from many different sources, it contains antibodies against the three strains of poliomyelitis virus. When this pooled gamma globulin is injected into a susceptible individual, it will protect that person from three to five weeks. Once the disease has been contracted, it is of no value in treatment. Unfortunately, present stocks of gamma globulin prohibit its general use and it will probably be reserved for epidemic areas and household contacts.

**6. Is there any effective poliomyelitis vaccine at present?**

Not for general usage. However, a vaccine which will produce active immunity against the three strains of virus has been developed experimentally. It appears likely that this vaccine, which will probably be available for general use in a few years, will greatly cut down the incidence of poliomyelitis.

JOSEPH M. LOPRESTI, M.D.
*Assistant Professor of Pediatrics, School of Medicine.*

## Exhibit Wins Second Prize

An exhibit prepared by members of the Medical School's anesthesiology department won second place among clinical exhibits at the N. Y. State Medical Society Meeting in Buffalo, N. Y., recently.

The exhibit, showing how the drug pryabenzamine hydrochloride can be used to decrease allergic reactions resulting from blood transfusions, was prepared by Dr. Charles S. Coakley, professor of anesthesiology, Dr. Seymour Alpert, associate professor of anesthesiology and Dr. Harry E. Ferris, former resident in anesthesiology at the Hospital.

This same exhibit was a prize winner at the D. C. Medical Society's Scientific Assembly last fall.

# Staff Reports on Research

## Speeches

At the 109th annual meeting of the American Psychiatric Association in Los Angeles, **Dr. Walter Freeman,** professor of neurology, presented results from a study of 1000 patients who have undergone lobotomy operations, in which certain brain nerves were severed to relieve anxiety or depression.

According to the study, two out of three such patients could be returned to effective social living if they had been in a mental hospital less than six months. Up to a year there was an even chance for recovery, while after that the chances were slim.

**Dr. Thomas M. Brown,** professor of medicine, lectured on "Collagen Diseases" at the postgraduate course on arthritis and allied rheumatic disorders sponsored by Marquette University at Wood, Wisc.

**Dr. Charles S. Coakley,** professor of anesthesiology, spoke on "The Anesthetic Management of a Chest Case," at the Chest Disease Conference at Mercy Hospital in Baltimore in April.

**Dr. J. Keith Cromer,** gynecologist at the University Cancer Clinic, presented a paper on the "Treatment of Cervical Carcinoma with Aureomycin," as a guest speaker at the annual meeting of the American Radium Society in St. Louis in April. The paper was prepared by Dr. Cromer and other members of the clinic staff, including Drs. **Calvin T. Klopp, Charlotte P. Donlan,** and **Jeanne C. Bateman.**

**Dr. Calvin T. Klopp,** director of the University Cancer Clinic, presented a paper on the treatment of cancer of the thyroid at the annual meeting of the American Goiter Association in Chicago in May. The paper was prepared by Drs. Klopp, Theodore Winship and Joseph Zuska.

**Dr. Gordon S. Letterman,** clinical instructor in surgery, discussed problems of plastic surgery at a recent meeting of the Barbour - Randolph - Tucker Medical Society in Parson, W. Va.

"The Control of Dicumerol Therapy by Simple Blood Prothrombin Test" was discussed at the annual meeting of the American Heart Association in April by **Dr. Benjamin Manchester,** assistant clinical professor of medicine, and **Dr. Boris Rabkin,** clinical instructor in medicine.

**Dr. Julius S. Neviaser,** assistant clinical professor of orthopedic surgery, gave an instructional lecture on "Frozen Shoulder," at the American Academy of Orthopedic Surgeons in Chicago in January.

**Dr. Margaret M. Nicholson,** clinical professor of pediatrics, spoke on the "Reaction of Siblings to a Brain Damaged Child," at the D. C. Society for Crippled Children in February.

**Dr. Winfred Overholser,** professor of psychiatry, gave an address on "A Psychiatrist Looks at Medicine," at the Annual Charter Day exercises at New York College of Medicine in April.

**Dr. John Parks,** professor of obstetrics and gynecology, lectured on "Gynecology in General Practice," at the 1953 Nalle Clinic Foundation Lectures in Charlotte, N. C., in April.

An exhibit on "Factors Affecting Trend in Antibiotic Therapy" was displayed at the American Medical Association meeting in New York by **Dr. Monroe J. Romansky,** associate professor of medicine.

**Dr. Noel Stow,** eye specialist at the University Cancer Clinic, lectured on the diagnosis and treatment of eye cancers at the Annual Spring Postgraduate Conference in Ophthalmology at the University of Michigan in April.

## Articles

**Dr. Alec Horwitz,** associate clinical professor of surgery, discusses "The Role of Surgery in Peptic Ulcer," in the May issue of *Postgraduate Medicine.*

The results of certain tests on resistance and sensitivity to aureomycin, terramycin and chloromycetin are described in an article in the January issue of *Antibiotics and Chemotherapy* by **Dr. Monroe J.**

Romansky, associate professor of medicine, and Col. Dwight M. Kuhns and Matthew H. Fusillo of the Walter Reed Army Medical Center.

**Dr. Daniel M. Bachman,** intern in medicine at the University Hospital, is the author of an article in the March issue of *Circulation,* American Heart Association publication. The article is "Effects of Posture on Renal Excretion of Sodium and Chloride in Orthostatic Hypotension."

A study of the adrenal gland is the subject of an article by **Dr. Edgar P. Jayne,** assistant professor of anatomy, in the March issue of *The Anatomical Record.* The article is "Cytology of the Adrenal Gland of the Rat at Different Ages."

"Blood Pressure During Anesthesia" is discussed by **Dr. Seymour Alpert,** associate professor of anesthesiology, in the February issue of the *Journal of the American Association of Nurse Anesthetists.*

**Dr. John A. Washington,** assistant clinical professor of pediatrics, discusses "Some Dangers of Antibiotic Therapy," in the February issue of the *Medical Annals of the District of Columbia.*

In the May 1952 issue of *Antibiotics and Chemotherapy,* **Dr. Lawrence E. Putnam,** associate in medicine, presents results of a study in which penicillin tooth powder was used over a period of three years. The numbers of penicillin resistant organisms in the mouths of those using the penicillin tooth powder increased during that period.

Hospital Superintendent **Victor F. Ludewig** and Director of Physical Medicine and Rehabilitation **Charles S. Wise** have adjoining articles on "Physical Therapy in a General Hospital," in the April issue of *The Physical Therapy Review.* One approaches it from the point of view of the hospital administrator, and the other from the point of view of the physiatrist. The articles are illustrated with photographs from the Hospital.

### Gant Named Dermatology Officer

Dr. James Q. Gant, associate in dermatology and syphilology, was recently elected president of the Baltimore-Washington Dermatological Society.

*Research Grants*

## Public Health Grants Aid Three Projects

The U.S. Public Health Service has granted $12,933 to researchers at the University for studies in cancer, dysentery, and kidney blood flow.

A grant of $5,377 will enable Dr. Ivor Cornman, assistant research professor of anatomy, to undertake the testing of various antibiotics to discover some substance which will kill cancer cells in the same way that antibiotics are now known to kill bacteria and viruses. Penicillin, aureomycin and streptomycin will be tested.

A grant for $4,000 will be used for the continued study of intestinal bacteriae and their effect in causing dysentery. This research is under the direction of Dr. Leland W. Parr, professor of bacteriology, and Dr. Mary Louise Robbins, associate professor of bacteriology.

A $3,556 grant will be used for studying the control of kidney blood flow. This work, under the direction of Dr. J. W. Still, assistant professor of physiology, may lead to a better understanding of the relationship of the kidneys to high blood pressure and shock.

### $4,000 Given for Blood Study

Ciba Pharmaceutical Products, Inc., has approved a $4,000 grant to the University for research into the relation of blood substances to allergies such as hives, hay fever and bronchial asthma.

In this study, Dr. Charles S. Coakley, professor of anesthesiology, will seek to learn whether the amount of histamine, a drug, increases in the blood of persons having the above allergies.

### Tuberculosis Grant Renewed

The Lasdon Foundation has renewed its grant of $10,000 to the University for further clinical and laboratory studies in tuberculosis.

The research is under direction of Dr. Monroe J. Romansky, associate professor of medicine, and Dr. Sol Katz, adjunct clinical professor of medicine.



# Our Doctors Say . . .

## Use of Antibiotic Drugs

"With the advent of additional antibiotics . . . many more species of microorganisms are now susceptible to chemotherapy" (drug therapy). However, "during the years since the first antibiotics became available, . . . developments have necessitated a reconsideration of therapy and indicated that these agents are not an unmixed blessing." In the light of continuing study and research, it is now especially important for physicians to make definitive diagnoses, since the aim is to diminish the indiscriminate use of antibiotics.

One danger is that certain bacteria have developed strains resistant "not only to one antibiotic, but simultaneously to several." However, "it is indeed fortunate, that to date . . . the organisms most commonly found in diseases of the respiratory system have shown no evidence of development of resistance to the available antibiotics."

Another danger in indiscriminate use of chemotherapy is the possibility of super-infection, or spreading the area of the disease.

Side-effects of the antibiotics are: allergic reactions, gastrointestinal upsets with symptoms such as nausea, vomiting, and diarrhea, and more serious reactions, such as liver injury.

Extensive laboratory and clinical studies have helped to determine the specific antibiotic and the dosage which seems to be effective in certain respiratory infections. In attacking mixed pulmonary infections, "successful therapy . . . is usually contingent upon many factors in addition to antibiotic therapy." It is usually necessary to run sensitivity tests on the cultured bacteria to determine the particular agent for therapy. "The early and adequate use of the proper antibiotics may not only abort or minimize suppurative pulmonary lesions but prevent the occurrence of lung abscess in . . . situations such as coma and convulsions."

The objective in chemotherapy is the choice of the specific antibiotic ". . . that will be most effective, least likely to produce side-reactions, and most economical to the patient."

MONROE J. ROMANSKY, M.D., associate professor of medicine, and GEORGE A. KELSER, former intern and resident at University Hospital. In "Antibiotics and Chemotherapeutic Agents in Infections of the Respiratory Tract," *The Journal of the American Medical Association,* 150:1447-9, Dec. 1952.

—ALICE LACEY

### Blades Receives Kansas Award

Dr. Brian B. Blades was presented a citation for distinguished service by the University of Kansas Alumni Association, during Commencement exercises at the University, in Lawrence, Kansas, June 7. The award was made on the basis of his "contribution to mankind."

The citation mentioned his service during World War II in helping to establish chest clinics in Army general hospitals, and his work in developing such pioneer techniques as the operation for relief of intractible asthma. It also pointed out that he was chief of the thoracic surgery section of Walter Reed Hospital and consultant to the surgeon general during the war and that he has headed the surgery department at George Washington University Hospital since 1946.

# Prescription For Reading

LIVING WITH CANCER *By* Edna Kaehele. Doubleday & Co., Garden City, N. Y., 1952. 160 pages. $2.00.

The subtitle of this little volume is "the true story of a woman who refused to die."

In a moving and tender story, Edna Kaehele, a young midwestern mother, tells how she conquered the tragedy that an advanced case of cancer threatened and how she learned to live despite the disease.

The dramatic narrative moves swiftly—from the day in Denver when a physician told her that she had only six months to live, to her sister's home in Ohio where she slowly but steadily weakened despite all that modern medical science could do for her.

With her weight decreased from 146 pounds to less than 90 pounds, with her body so weak that she could not stand alone, and with all hope from medical science gone, her morale reached its lowest ebb. Even then, however, she maintained enough resistence to refuse to yield to death. She gives much credit to her family, and particularly to her sister, for encouraging her during this struggle, even when death appeared inevitable.

Six months passed, then a year, and now six years and she is still alive. In fact she appears to be healthy and strong again, and she lives a normal life. She still has cancer, but she has learned to live with it.

What is Edna Kaehele's formula for this apparently miraculous recovery?

It contains a combination of ingredients—most of them so simple they are often overlooked. They include an insatiable desire to remain alive, a realistic self-evaluation of her relationship to God and man, a faith that overcomes the fears accompanying disease or death, and the strong belief that she as an individual has sufficient power to overcome any obstacle if she so wills. Along with these intangible ingredients, her formula includes such concrete practices as temperate living, with plenty of healthful food, sleep, sunshine and wholesome activity. Her formula might be summed up as containing large amounts of faith, hope, love and common sense.

There are times when the author's journeys into the realm of the spiritual and mental become somewhat vague to the reader and one must realize that such trips are often so personal and individual that even the traveler himself may not fully comprehend their meaning.

The author succeeds in her overall purpose, however, that of radiating to the reader a strong feeling of optimism and a feeling that life is worth living to the fullest despite its many ills and adversities.

—W. B.

## Nicholson Honored By Medical Society

Dr. Margaret Mary Nicholson, clinical professor of pediatrics at the University since 1930, received the University Medical Society's Award of Merit at the society's 27th annual banquet and alumni reunion. She is the first woman to receive the award, which is given annually for outstanding scientific accomplishment, academic attainment and service to the society and the community.

Dr. H. S. Hoffman, Society president, called special attention to her work in the field of heart diseases of the young, her work in assisting interns and young physicians, and her aid to foreign doctors who come to Washington for study and training.

## Pharmacy Group Honors Kinner

Harold Kinner, graduate and former lecturer at the University's School of Pharmacy, was recently honored as "Man of the Year," by the D. C. chapter of Alpha Zeta Omega pharmaceutical fraternity. Kinner is secretary of the D. C. Pharmaceutical Association, and a former vice-president of the Council of the American Pharmaceutical Association.

# Medical Honor Group Inducts New Members

At the annual meeting of the Smith-Reed-Russell Society, student scholarship organization at the Medical School, three faculty members were made honorary members, and 28 junior and senior medical students who have maintained a B+ scholastic average were received into regular membership.

The faculty members are Dr. Louis K. Alpert, adjunct clinical professor of medicine; Dr. William S. McCune, associate clinical professor of surgery; and Dr. Charles S. Wise, professor of physical medicine and rehabilitation.

New student members are: Robert D. Bahr, Solomon E. Barr, Joseph Bloom, Stephen W. Dejter, Edward A. Downs, Cornelius J. Hayes, Richard E. Horton, Vernon N. Houk, Paul R. Knox, Willard Machle, Albert J. Miele, Roger M. Morrell, Richard C. Rhame, Lawrence R. Singer, Edward C. Sweebe, Carlton E. Swett, Howard E. Ticktin, Charles R. Ashworth, Charles W. Foulke, William L. Furlow, William B. Glew, Percy J. Howard, John W. Leabhart, Jr., Dale H. Magleby, Melvin Oram, Joseph E. Rawlings, Jr., Stanley M. Sager, Ernest H. Teagle.

## Franklin Appointed Pharmacist

Franklin D. Cooper of Annandale, Va., has been appointed chief pharmacist at the Hospital. He is a graduate of the Rhode Island College of Pharmacy and received an M.S. degree in pharmacy from the University of Maryland.

A native of Greenville, S. C., he spent six years as a pharmacist's mate in the Navy Hospital Corps.

## Powers Discusses Nursing Problems

Director of Nursing Helen K. Powers presented a paper on the practical aspects of "Organization and Administration of Nursing Service," at the Nursing Service Administration Institute. The Institute met in Washington in March.

## KNOW YOUR COLORS

**For the sake of convenience and various other reasons, a number of the hospital linen items have been designated for certain departments or for certain uses by COLOR. The most recent application of a color for a department was blue for the Obstetrics Department giving them their own scrub suits and nurses' gowns which they previously shared with Surgery in the color green. But know the other colors: yellow-bordered or striped linens are for Physical Medicine; red-striped linens are for the Out-Patient Department. Dubonnet is used hospital-wide for cleaning-cloths. Pajamas for patients are in the colors gray, tan, and white for the sizes large, medium, and small, respectively.**

## Spain

*(Continued from Page 21)*

the field of endocrinology. Another well-known institution is the Postgraduate Institute of Valdecilla in Santander.

A complete article could also be written on famous men in the history of Spanish medicine. It would include Avizena (980-1037), who has been called the Prince of Doctors; Avenzoar, who lived in the 12th Century; Averroes (1126-1198), who wrote commentaries on Aristotle; and those illustrious Spanish Arabs who saved the writings of the Greek physicians for posterity. More recent figures include Cajal (1852-1934), Nobel prize winner who by his discovery of the nervous synapsis added a giant stride towards the better understanding of the nervous system. Others are Rio Hortega; Achucarro Simarro; Tello; and the famous Dr. Arruga, only living ophthalmologist to receive the Gonin medal.

## Wise Named to Therapy Council

Dr. Charles S. Wise, professor of physical medicine and rehabilitation, has been appointed a member of the Advisory Council of the American Physical Therapy Association.

# Hospital Featured In National Press

Articles and photographs concerning the work and staff of the University Hospital have appeared recently in the following publications:

*Saturday Evening Post,* March 21. In this issue, Nurse-writer Jane Clark Shannon, former member of the Hospital nursing staff, describes the techniques and results of "Sandpaper Surgery" in a highly readable article.

*The Child* (Federal Security Agency publication), March issue. A photograph from the Hospital premature nursery, illustrates an article on premature children.

*Progressive Farmer,* February issue. Ruth Boyer Scott uses a photograph from the Hospital to illustrate her article on pneumonia.

*El Hospital,* April issue. Included in an article on "Los Services Odontologicos en el Hospital Moderno," is a reprint in Spanish of article from THE COURIER, December 1951, by Dr. Karl H. Wood, associate in dental surgery, on "Dentistry in Hospitals." The same article was earlier reprinted in *Hospital Management.*

## Zappala Named to Health Office

Dr. Anthony Zappala, 1942 graduate of The George Washington University Medical School, has been appointed director of the Alcoholic Rehabilitation Program of the D. C. Health Department.

## Law and Medicine Treated In New Overholser Book

Dr. Winfred Overholser, professor of psychiatry at the University and superintendent of St. Elizabeth's Hospital, is the author of a new book, *The Psychiatrist and the Law.*

The book, published by Harcourt, Brace, is the outgrowth of a series of lectures on law and medicine delivered by Dr. Overholser at Harvard University last fall.

## Students Named for Polio Work

Three students at the Medical School have been awarded fellowships for the current summer by the National Foundation for Infantile Paralysis.

The students, who will do polio research under direction of professors at the Medical School, are Virginia A. Duggins of Arlington, Va., who will work under Dr. P. K. Smith; Maynard B. Rotermund of Concord, Calif., who will work under Dr. Leland W. Parr and Dr. Ralph G. Beachley; and Thomas C. Cock, who will study under Dr. Charles S. Wise.

## Insurance Official Donates $100

A $100 gift was recently made to the Hospital by Joseph E. Jones, general agent of the Mutual Benefit Health and Accident Association. The contribution will be used to aid the overall work of the Hospital, said Superintendent Victor F. Ludewig.

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